SCHEDULE B (FEC Form 3X)	Use separate s	criedule(s) (chool	LINE NUMBER: PAGE 286 / 303 conly one)
TEMIZED DISBURSEMENTS	for each catego Detailed Summ	ory of the L	b 22 X 23 24 25
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. PO			
Full Name (Last, First, Middle Initial) RELY ON YOUR BELIEFS (ROYB) PAC	;		Transaction ID: EXP.B.50990 Date of Disbursement
Mailing Address 209 PENNSYLVANIA	AVENUE, SE		077 / 21 / 2008
City WASHINGTON	State Zip 0	Code 103	Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name RELY ON YOUR BELIEFS (ROYB) PAC		Category Type	
Senate President	Primary Other (specify)	General	
State: District: Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND			Transaction ID: EXP.B.50993 Date of Disbursement
Mailing Address P.O. BOX 32025			07
City PHOENIX	State Zip (Code 064	Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name SENATE MAJORITY FUND		Category Type	
Senate President	rsement For: Primary Other (specify)	General	
State: District: Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS			Transaction ID: EXP.B.50989 Date of Disbursement
Mailing Address P.O. BOX 24551			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City PITTSBURGH	State Zip 0	Code 234	Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name TIM MURPHY FOR CONGRESS		Category Type	
Office Sought: X House Senate President Disbut	rsement For: Primary X Other (specify)	2008 General	
State: PA District: 18		*	
SUBTOTAL of Disbursements This Page (optional	nl)		4500.00